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## Lessons from Past Rural Households' Toilet Statistics and of Centrally Sponsored Sanitation Programs

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The important question that arises is that what are the lessons we have learnt from the past experiences of more than three decades old Centrally sponsored rural sanitation programs in India such as Central Rural Sanitation Programme (CRSP), 1986, Total Sanitation Campaign (TSC), 1999, Nirmal Bharat Abhiyan (NBA), 2012 and the practise of Nirmal Gram Puraskar (NGP), 2003, and Nirmal Status for Open Defecation Free (ODF) Gram Panchayats, Blocks, Districts and States, and statistics on households' toilets?

Several media and research reports across the country and the reports from Comptroller of Auditor General in various states as reported in media highlight the prevalence of huge discrepancies in the rural sanitation statistics. Many beneficiaries of the toilet construction program reported that neither toilets were constructed in their houses nor any incentive was given to them, as maintained in the official records. It was also found that many Gram Panchayats which were given Nirmal Gram Puraskar status was 'not free' from open defecation. Some toilets were reported to be used as storerooms, some could not be used because of no water supply or lacked proper drainage and many others have become defunct.

The Ministry of Drinking Water & Sanitation (MoDWS) has acknowledged the huge discrepancies in the rural sanitation statistics arising from the Management Information System (MIS). Individual Household Latrine (IHHL) data maintained by the Ministry when compared with other official data sources such as Census, National Sample Surveys, JMP estimates, Baseline Survey etc. A report on "Review of Sanitation Programme in Rural Areas", Ministry of Drinking Water and Sanitation, Committee on Estimates, Eighth Report (2014-2015), Sixteenth Lok Sabha, Lok Sabha Secretariat, New Delhi ([Click here](#)) discusses these in detail. An article "Discrepancies in Sanitation Statistics of Rural India" ([Economic & Political WEEKLY, 10 January 2015](#)) points out that the addition in the number of households with latrines between 2001 and 2011 as reported by the census is astonishingly far less than the MIS IHHL data reports, by enormous 5-6 crores households.

Hence, it can be said that the realization of progress made under rural sanitation program has been very cosmetic, where claims and reality are far from being similar. These questions the credibility of the data maintained by the government to track the physical progress of the rural sanitation programme and the number of latrines claimed to have been constructed under the rural sanitation programme in recent years.

## Explanations for the Discrepancy

The World Health Organization (WHO)/United Nations Children's Fund (UNICEF) Joint Monitoring Programme for Water Supply and Sanitation (JMP) in its report '[Progress on Sanitation and Drinking Water - 2014 Update](#)' noted -

*"In 2008, when the JMP first published estimates showing that 18 percent of the global population, and more than half of India's population, practiced open defecation, the statistics were considered unbelievable. The JMP team had extensive discussions with Indian national authorities, which reported significantly lower figures, in order to understand the discrepancies. It was found that government estimates were based on administrative monitoring of villages declared to be 'open defecation-free', whereas JMP estimates were based on national household surveys and censuses. In 2009 the Secretary of Rural Development concluded that the latter provides a more accurate source of data on sanitation practices. National estimates were revised following the 2011 Census, which confirmed that 49.8 percent of Indians defecated in the open. The results triggered a series of large-scale campaigns to improve sanitation in India."*

The action plan of MoDWS on Swachh Bharat Mission (Gramin) (SBM(G)) have also noted that there were strong possibilities of over-reporting by States and GPs to get the NGP status -

*"Since 1999, reports from States as well as from the management information system (MIS) indicate that over 9.65 crore rural households have been covered with toilets (IHHLs) up to 31.3.2014, out of the 17.13 rural households. This neither matches with Census 2011, NSSO estimation nor the Baseline Survey data.*

*There is a, however, a strong possibility of over-reporting of achievement by the states on the MIS inter-alia due to the following reasons:*

*(a) Eagerness by GPs to apply for Nirmal Gram Puraskar, which required 100% coverage in applicant GPs.*

*(b) APL was not eligible for Incentives for IHHLs before 1.4.2012. States could resort to over-reporting again for the Puraskar which cannot be checked with financial release data, as APLs were non-eligible for funding before 2012 and even now non-entitled APLs are not eligible.*

*(c) Progress was monitored at the GP level in numbers and not by names, making the situation open to over reporting for Puraskar. (Now the progress is monitored on the MIS/Base Line Survey by names)."*

Further, the MoDWS also pointed out that there can be cases of non-durable toilets which became defunct/dysfunctional over the years and thus not reflected in other official data sources -

*"On the contrary, there can be cases of underreporting in the Census /NSSO Survey. The Census has the criteria of "access to toilets". From 1999 to 2006, the incentive for IHHL was Rs.500/- to Rs. 1200/- often resulting in non-durable toilets which became defunct/dysfunctional over the years, thus not getting captured in Census or NSSO or Baseline survey data. However, they cannot be incentivized again and a certificate will be required from Gram Panchayats at the time of resolution asking for toilets that beneficiaries listed out in the resolution have never availed of any scheme for toilets through any Ministry in the past. Thus just relying on Census/NSSO data as having access to toilets and covering the balance population is not enough. Those who have received assistance before but now do not have access to toilets would also need to be removed from the list of future beneficiaries. Similarly, those who may have suffered from over-reporting but never received assistance and do not still have a toilet but are entitled to one as per guidelines could now be considered under the scheme. The incentives would be based on ground truthing and a certificate of correctness from GP."*

The MoDWS has also given a possible explanation for the slowing down of physical progress of IHHL after 2010-11—

*"Slowing down of yearly achievements was due to the convergence of NBA incentive of Rs 4600 with Rs. 5400 NREGA incentive, taking the total incentive to Rs. 10,000. However, since toilets are not the highest priority under MNREGA, and toilet targets under MNREGA are less than toilet targets under NBA, rural households wait for full 10,000 with MNREGA, thereby dragging down the achievement under NBA."*

Regarding the future targets for IHHL under SBM for rural areas, the action plan of MoDWS clarifies that unlike the Total Sanitation Campaign (TSC) where the targets were fixed as per Census 2001 data (without names), the SBM for rural areas will fix the targets as per the baseline survey 2013 (as it is provided by the GPs themselves and maintains names).

*“It may be noted that since there is a gap of 2-3 years between the Census 2011 and the Baseline Survey of 2013-14, and the Baseline survey 2013 gives lower deprivations now as compared to Census 2011 and also gives actual names whereas the Census data gives numbers and not names, hence the proposal to use the Baseline Survey data. However, it will have the rider that GPs will certify that the proposed individual beneficiaries have not availed the benefit of a toilet from any government scheme before. Thus the Base Line Survey 2013 figures are utilized in the estimations. In the Baseline Survey 2013, States have reported that the following sanitation services shall be required to be provided in the country.”*

## **Recent Initiatives under Swachh Bharat Mission (Gramin)**

The newly launched (2nd October 2014) Swachh Bharat Mission (Gramin)(SBM(G)) which replaced the Nirmal Bharat Abhiyan (NBA), 2012, aims to achieve Swachh Bharat by 2nd October 2019, as a tribute to the 150th Birth Anniversary of Mahatma Gandhi, which in rural areas shall mean improving the levels of cleanliness through Solid and Liquid Waste Management activities and making GPs Open Defecation Free (ODF), clean and sanitised. The mission aims to ensure that all rural families have access to toilets. The future targets for IHHL under SBM(G) were fixed as per the baseline survey data of 2013.

Under SBM(G), there has been an improvement in the definition for IHHL which now includes the provisions of sanitary sub-structure, water-storing facility, and hand washing, along with a rise in the incentive amount to Rs 12000 for BPL and identified APL households, along with independent monitoring of the program. Recently, the MoDWS has also released guidelines for ODF verification for villages. The government is also carrying out several events, mobilizing resources such as Swachhata Kosh, etc. and awareness for achieving the targets on a periodic basis.

## **Recent Estimates on Rural Sanitation**

The JMP in its 2015 report “Progress on Sanitation and Drinking Water – 2015 Update and MDG Assessment” estimated that 61 percent of the rural population in India practised open defecation, and assessed the country’s performance as a whole as “moderate progress” during 1990 and 2015, with a decline in open defecation by around 30 percent in rural areas during the same period ([WHO/UNICEF JMP, 2015](#)). The report also placed India as one of the worst performers in the world, strikingly far behind many developing countries including its neighbors like Bangladesh, Nepal, Pakistan and Sri Lanka which were comparatively ahead than of India in meeting the sanitation targets. Earlier, the JMP in its 2014 report assessed the performance of India as “not on track”, based on 2012 data ([WHO/UNICEF JMP, 2014](#)).

The Baseline Survey 2012-13 reports that the number of households without toilet is 111.1 million (61.22 %) and the number of households with toilet is 70.4 million (38.78 %) in rural India (report is based on entries done by 248675 out of 251340 (98.94 %) GPs as reported by 31 States) ([MoDWS](#)). The states which reported very high proportion of households without toilets were Odisha (88%), Bihar (79%), Jammu & Kashmir (75%), Telangana (74%), Madhya Pradesh (74%), Rajasthan (73%), Jharkhand (72%), whereas the states which reported very less proportion of such households were Mizoram (26%), Haryana (25%), Punjab (25%), Sikkim (18%), Himachal Pradesh (14%) and Kerala (5%). Out of the 70.4 million households with toilet, 14.5 million households (or 20.58 % of the households with toilet) have a dysfunctional toilet, and rest have a functional toilet (55.92 million).

The MoDWS reported that SBM(G) has picked up great momentum now and it is hopeful to achieve the target of Swachh Bharat by 02.10.2019. Replying to a question in the Lok Sabha, the Minister of State for Drinking Water and Sanitation Shri Ramesh Chandappa Jigjinagi said that the Sanitation Coverage, which was 41.80% on 2.10.2014, has increased to 65.07% on 17.07.2017. He said that a total of 2,09,099 Villages, 95,521 Gram Panchayats, 1,411 Blocks and 149 District have been declared Open Defecation Free (ODF) as on 17-07-2017. In addition, 5 States namely Sikkim, Himachal Pradesh, Kerala, Uttarakhand, and Haryana have also been declared ODF.

Sanitation coverage in rural India has gone up from 42% to 64% since the launch of SBM, and the Rapid Survey of Swachhta Status of the NSSO conducted in May-June 2015 says that 95.6% of people who had toilets, used them.

The Quality Council of India (QCI) has conducted a third-party assessment of the present status of rural sanitation in all states and UTs, called Swachh Survekshan Gramin 2017. QCI surveyed 1.4 lakh rural households across 4,626 villages and found the overall toilet coverage to be 62.45%. At the time of the survey, i.e. May-June 2017, the Swachh Bharat Mission (Gramin) MIS reported the coverage to be 63.73%. The survey also observed that 91.29% of the people having access to a toilet, use it.

The MoDWS has clarified that SBM-G guidelines recommend that a village is verified within three months of the declaration of ODF. Of the 2 lakh, ODF declared villages, nearly 1.5 lakh have been declared ODF only in the last year. Over 1 lakh villages have already been verified, and the Ministry is laying a strong emphasis on the States for verifying the remaining villages at the earliest.

Completion of verification of all villages which have been ODF for more than three months is now a pre-condition for the release of funds to States from the next second installment onwards of 2017-18.

## Some Qualitative Aspects of Rural Sanitation and Micro-Environment

As per Census 2011 data, the composition by type of latrine facility was- 30.7% of the households (51.6 million out of total rural 167.8 million households) were having Latrine facility within the premises (i. Water Closet- 19.4% (piped sewer system- 2.2%, septic tank- 14.7%, other systems- 2.5%); ii. Pit Latrine- 10.5% (with slab/ ventilated improved pit- 8.2%, without slab/ open pit- 2.3%); iii. Other Latrine- 0.8% (night soil disposed into open drain- 0.2%, night soil removed by human- 0.3%, night soil serviced by animals- 0.2%)) and 69.3% of the households were having No Latrine facilities within the premise (public latrines- 1.9% and open defecation- 67.3%).

The National Sample Surveys (NSS) data 2012 ([MoSPI, 2013](#)) reports the rural households' access to latrine to be 40.6% (exclusive use- 32%; common use in the premise- 7.1%; public/community latrine without payment- 0.7%; public/community latrine with payment- 0.1%; others- 0.8%) and 59.4% households with no latrine. Of the households which has access to latrine- 98.3% used (flush/pour-flush to: piped sewer system- 3.3%, septic tank- 55.6%, pit latrine- 26.3%, elsewhere (open drain, open pit, open field, etc)- 0.7%; ventilated improved pit latrine- 1.5%, pit latrine with slab- 9%, pit latrine without slab/open pit- 1.5%, composting toilet- 0.1%, others- 0.3%) and 1.7% did not use it. Those households which had access to latrine facility and were not using it reported the reasons for not using latrine as no superstructure- 21%, not clean/insufficient water-20%, malfunctioning of the latrine- 22%, personal preference- 23%, others- 14%. NSS also asked question to those households who had access to latrine, whether all household members (by categories) are using latrine, and reported that 93, 96, 94 and 98 percent of the male of age below 15 years, male of age 15 years and above, female of age below 15 years, and female of age 15 years and above respectively were using the latrine and rest were not.

The compositions of rural households by type of drainage connectivity for waste water outlet by Census 2011 were 5.7% closed drainage, 31% open drainage and 63.2% no drainage.

The NSS data 2012 reports that the drainage arrangements by rural households were 8.5%, 6.4%, 16.9%, 18.4% and 49.9% for underground, covered pucca, open pucca, open *katcha* and no drainage respectively. The disposal of household wastewater was: safe re-use after treatment- 0.04%, disposed off without treatment to open low land areas- 58.7%, ponds- 7.3%, nearby river- 1.5%, drainage system- 17.5%; disposed off with or without treatment to other places- 14.6%, not known- 0.4%. The arrangement made for the collection of garbage from the household was: by panchayat-3.5%, by resident/group of residents- 25.8%, others- 2.6% and no arrangement- 68.1%. The sites where garbage is deposited after removal from the household were: to biogas plant or manure pit- 9.7%, to community dumping spot- 6.3%, to household's individual dumping spot(s)- 45.1%, others- 35.5% and not known- 3.5%. The frequency of garbage clearance from community dumping spots as reported by households was: daily- 27.4%, not daily but at least once in a week- 30.7%, not even once in a week- 24.4%, not known- 17.5%.

## Emerging Concerns

The MoDWS have also explained that there are possibilities of over-reporting by GPs to attain NGP status, which suggests that the data entry processes by the GPs have been fabricated on a very large scale leading to false data reporting in past and thus needs to be carefully checked in future. The SBM(G) also focuses on the timely achievement of ODF GPs, therefore, it requires stringent measures to ensure that the data provided by the GPs and States on the MIS database must not again suffer from false reporting and the credibility of this important rural sanitation statistics is restored.

The MoDWS has taken cognizance of this issue and made several recommendations for improvements in monitoring such as maintaining names, initiatives like mSBM using ICT technology (where it has clearly stated that failure to upload photographs may lead to non-release of further installment of funds) with information on the geographical location and so on. However, the actual usage of mSBM along with time-bound reporting happens to be very low. While the role of ICT has helped to improve the system for information collection and monitoring, the massive scale at which this technology has to be used in a time-bound



manner especially in rural areas remains a challenge, along with concerns of professional data entry and ensuring quality.

The administrative database on rural sanitation based on MIS and Baseline Surveys which provides periodic real-time information using ICT by every GPs can be very useful, effective, economical and sustainable source of information. This database can also be extended to include information on management of solid wastes like that of urban sanitation database. The real-time information from MIS should be effectively used and applied to the geographic information system to analyze spatial information, the portal of [MoDWS for GIS for Total Sanitation Campaign](#) needs up gradation to deliver the required output. It can also provide visualization till GPs which can be very useful for administrative purposes, spatial and micro-planning, and local resource management towards sustainable sanitation and hygiene as well as waste management and protection of the environment.

While the proposed upgradation of MIS to enable reporting of creation of ODF communities and their sustenance is a step forward; the past experiences with the information based on MIS provided by GPs raises question on 'Reliability', and suggest that focus is needed to ensure trust on this database on rural sanitation maintained by the MoDWS. Therefore, there is an immediate need to strengthen and empower the GPs, Blocks, and Districts with sufficient infrastructure, capacity building and resources for periodic, quality and sustainable data reporting and maintaining the reliable database at par with International level and standards.

Thus, more emphasis is needed on building Processes and Institutions at the very grassroots levels which ensures zero leakages and act as a modern digital database for evidence-based policy making and achievement of sustainable ODF Villages in a timely manner ensuring accountability and transparency. Constant scrutiny on the progress of rural sanitation from various available official data sources at various disaggregated level is necessary along with village/district level studies on best practices towards the creation of sustainable ODF GPs.

While the major focus is on the availability of toilets of minimum standards and of service level benchmark given the high level of deprivation, the required focus on maintenance and sustenance of rural sanitation facilities demands attention. Greater focus is also required towards achieving zero defect toilets with the help of suitable technology which is functional and require low maintenance. Measures are needed to ensure the availability of economical sanitary material, supply, and storage of water and facilities of electricity for the proper functioning of the toilets in rural areas.

The experience from Punjab shows that while the state has achieved high toilet coverage, it has also compounded the problem of water pollution and diseases. It now needs an efficient and affordable sewage treatment system for the avoidance of surface pollution and groundwater contamination. Therefore, integrating the liquid and solid waste management and complete sanitation chain is needed to ensure the microenvironment and sustainable operations and maintenance should not be ignored. It is important to put an emphasis upon adequate shelter and sustainable habitat that would ensure sanitation and hygiene, health and protection of the environment in rural human settlements, in a situation where there are massive housing shortages in rural India.

Special attention for effective inclusion in implementation is needed towards backward districts, regions, and hamlets of marginalized sections within villages. The desired collective behavioral change also requires a change in the social climate and necessitates 'behaviour change' within the government till the local levels to create the enabling ecosystem.

## Way Forward

A candid assessment proves that India has been among the worst performers in the world in meeting the Millennium Development Goals' sanitation targets, especially in rural areas. The newly launched SBM(G) with new initiatives and improvements sets an ambitious target (ahead of 2030 Agenda on Sustainable Development Goals- Goal #6: Ensure availability and sustainable management of water and sanitation for all) of building around 100 million household toilets and ensuring sustainable sanitation in rural India by 2019. However, the slow progress on rural sanitation in recent years makes the realization of the SBM(G) targets a distant reality.

Although achieving the proposed high targets requires nothing less than a revolution for rural sanitation, yet the optimism that comes with the personal involvement of Prime Minister and expectation from the relentless participation of the citizens especially the youth to build life in rural India filled with dignity and pride, cannot be neglected; and hence needs to be properly channelized. Public sector entities, civil society organizations, media, private players, corporates and others need to be roped in for attaining sustainable sanitation and hygiene in our villages. The implementation processes need to be paced up, raised civic conscience needs to be converted into a public movement and sustained for years ahead. The delay in work execution along with financial delays requires to be addressed immediately with effective monitoring and scrutiny.

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